

BUDGET - OTHER PROPOSED EXPENSES

OFFEROR NAME _____

Initial Contract Period FROM ____/____/____ TO ____/____/____

LINE ITEM	JUSTIFICATION (How costs were determined)	PROPOSED DSS FUNDS
POSTAGE TOTAL		
Administrative		
Program		
RENT AND UTILITIES TOTAL		
Rent		
Utilities		
Telephone		
EQUIPMENT TOTAL		
Equipment Purchase		
Equipment Rental		
PRINTING TOTAL		
Administrative		
Program		
CONSUMABLE SUPPLIES TOTAL		
Office		
Program		

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BUDGET - OTHER PROPOSED EXPENSES, continued

OFFEROR NAME _____

Initial Contract Period FROM ____/____/____ TO ____/____/____

LINE ITEM	JUSTIFICATION (How costs were determined)	PROPOSED DSS FUNDS
TRAVEL TOTAL		
Administrative		
Program		
OTHER TOTAL		
Insurance		
Professional Fees		
Client Fund		
Other (specify)		
Other (specify)		
Other (specify)		
Other (specify)		
Other (specify)		
Other (specify)		
Other (specify)		
Other (specify)		
Other (specify)		

TOTAL AMOUNT REQUESTED FROM DSS: \$ _____